



Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO FOSTER AN APPRECIATION FOR THE LEGACY OF MARK TWAIN AS ONE OF OUR NATION'S DEFINING CULTURAL FIGURES, AND TO DEMONSTRATE THE CONTINUING RELEVANCE OF HIS WORK, LIFE AND TIMES IN FURTHERANCE OF THIS MISSION, THE INSTITUTION'S COLLECTIONS POLICY PROVIDES THAT THE BOARD OF TRUSTEES IS ENTRUSTED TO MAINTAIN, PROTECT AND RESTORE THE SAMUEL CLEMENS/MARK TWAIN RESIDENCE AS A HISTORIC HOUSE AND MUSEUM AND TO ACQUIRE AND MANAGE A COLLECTION TO SERVE AS TANGIBLE WITNESS TO THE LIFE, LEGACY AND TASTE OF SAMUEL CLEMENS, HIS FAMILY AND HIS CONTEMPORARIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 1,272,771 including grants of \$ ) (Revenue \$ 73,197 )

EDUCATION PROGRAMS THE MEMORIAL PROVIDES A NUMBER OF EDUCATIONAL PROGRAMS FOR STUDENTS, TEACHERS AND THE GENERAL PUBLIC THESE INCLUDE INTERPRETIVE TOURS OF THE HISTORIC MARK TWAIN HOUSE, INFORMATIONAL PRESENTATIONS, WRITING WORKSHOPS, LECTURES, CULTURAL PERFORMANCES, FAMILY PROGRAMS, SPECIAL TOURS AND AGE-APPROPRIATE LEARNING ACTIVITIES FOR STUDENTS, AND WORKSHOPS FOR TEACHERS ALL OF THESE PROGRAMS EXAMINE THE LIFE, WORK AND/OR ERA OF MARK TWAIN, OR EXPLORE THEMES ADDRESSED IN HIS WORK

4b

(Code ) (Expenses \$ 1,161,052 including grants of \$ ) (Revenue \$ 647,597 )

MUSEUM THE MEMORIAL'S CAMPUS INCLUDES A MUSEUM CENTER THAT FEATURES EXHIBITION GALLERIES, AN AUDITORIUM, CLASSROOMS AND A FILM THEATER VISITORS TO THE MUSEUM CENTER CAN EXPERIENCE A PERMANENT EXHIBITION ABOUT MARK TWAIN'S LIFE AND ERA, VIEW SPECIAL EXHIBITIONS OF HISTORIC AND ARTISTIC ARTIFACTS FROM THE COLLECTIONS OF THE MEMORIAL AND OTHER INSTITUTIONS, WATCH A BIOGRAPHICAL FILM ABOUT MARK TWAIN, AND PARTICIPATE IN VARIOUS EDUCATIONAL AND CULTURAL PROGRAMS

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )
















4e

Total program service expenses

\$ 2,433,823

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	14	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	78	
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b		If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c		If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
		7a		No
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		
		7b		
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
		7c		No
d		7d		
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
		7e		
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
		7f		
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
		7g		
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
		7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
		8		
9 Sponsoring organizations maintaining donor advised funds.				
a		Did the organization make any taxable distributions under section 4966?		
		9a		
b		Did the organization make a distribution to a donor, donor advisor, or related person?		
		9b		
10 Section 501(c)(7) organizations. Enter				
a		10a		
b		10b		
11 Section 501(c)(12) organizations. Enter				
a		11a		
b		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b		12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a		Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
		13a		
b		13b		
c		13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				
		14a		No
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
		14b		

Part VI

**Governance, Management, and Disclosure** For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	29	
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	29	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets? . . . . .	5	Yes	
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If “No,” go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13		No
14	Does the organization have a written document retention and destruction policy? . . . . .	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .			
a	The organization’s CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . . If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If “Yes,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶CT
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another’s website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JEFFREY L NICHOLS 351 FARMINGTON AVE HARTFORD, CT 06105 (860) 247-0998

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD AHLES SECRETARY	1 00	X		X				0	0	0
(2) LOUISE BAILEY TRUSTEE	1 00	X						0	0	0
(3) GREGORY BOYKO PRESIDENT	1 00	X		X				0	0	0
(4) GREGORY BUTLER VICE PRESIDENT	1 00	X		X				0	0	0
(5) DEDE DEROSA TRUSTEE	1 00	X						0	0	0
(6) NELL DEVANE TRUSTEE	1 00	X						0	0	0
(7) ANNE ELVGREN TRUSTEE	1 00	X						0	0	0
(8) BRIAN FLAHERTY TRUSTEE	1 00	X						0	0	0
(9) MARTY FLANDERS TRUSTEE	1 00	X						0	0	0
(10) MICHAEL GRUNBERG TRUSTEE	1 00	X						0	0	0
(11) J DAVID HADDOX TRUSTEE	1 00	X						0	0	0
(12) AN-PING HSIEH TRUSTEE	1 00	X						0	0	0
(13) GEORGE JAMISON TRUSTEE	1 00	X						0	0	0
(14) GRANT JONES TRUSTEE	1 00	X						0	0	0
(15) ALAN KRECZKO TRUSTEE	1 00	X						0	0	0
(16) BETTY-JOAN LACHAPELLE TRUSTEE	1 00	X						0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) FRANK LORD TRUSTEE	1 00	X						0	0	0
(18) SHAUN MATHEWS VICE PRESIDENT	1 00	X		X				0	0	0
(19) DUBY MCDOWELL TRUSTEE	1 00	X						0	0	0
(20) KATHERINE METCALF TRUSTEE	1 00	X						0	0	0
(21) DANA NEVES TRUSTEE	1 00	X						0	0	0
(22) GEORGE SCURLOCK TRUSTEE	1 00	X						0	0	0
(23) PEDRO SEGARRA TRUSTEE	1 00	X						0	0	0
(24) GREGORY SERVODIDIO TREASURER	1 00	X		X				0	0	0
(25) KATHRYN SHERER TRUSTEE	1 00	X						0	0	0
(26) NOREEN SHUGRUE TRUSTEE	1 00	X						0	0	0
(27) JANEL SIMPSON TRUSTEE	1 00	X						0	0	0
(28) ANDREW SULLIVAN TRUSTEE	1 00	X						0	0	0
(29) KAREN WHEAT TRUSTEE	1 00	X						0	0	0
(30) JEFFREY L NICHOLS EXECUTIVE DIRECTOR	40 00			X				115,000	0	17,731
(31) CINDY L LANDRY FINANCE DIRECTOR	40 00			X				40,547	0	8,700
(32) DONNA GREGOR FINANCE DIRECTOR THRU 6/10	40 00			X				92,624	0	9,466
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								248,171	0	35,897

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0		



Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b	42,764			
	c	Fundraising events . . . . .	1c	76,750			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	290,501			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	563,647			
	g	Noncash contributions included in lines 1a-1f \$		19,000			
	h	Total. Add lines 1a-1f . . . . .		973,662			
	Program Service Revenue			Business Code			
2a		ADMISSIONS	711300	647,597	647,597		
b		TICKET SALES	711300	73,197	73,197		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f . . . . .		720,794			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .		36,659		36,659
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .		1,175		1,175	
	6a	Gross Rents	(i) Real	(ii) Personal			
			52,870				
		b	Less rental expenses				
			96,029				
	c	Rental income or (loss)					
		-43,159					
	d	Net rental income or (loss) . . . . .		-43,159	-29,995	-13,164	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .					
	8a	Gross income from fundraising events (not including \$ 76,750 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
			68,145				
		b	Less direct expenses . . . . .	b	50,152		
	c	Net income or (loss) from fundraising events . .		17,993		17,993	
9a	Gross income from gaming activities See Part IV, line 19 . .	a					
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . .					
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
		388,629					
	b	Less cost of goods sold . . . . .	b	304,578			
c	Net income or (loss) from sales of inventory . .		84,051	84,051			
Miscellaneous Revenue		Business Code					
11a	INSURANCE RECOVERY	900099	427,400	427,400			
	b	FORGIVENESS OF DEBT	900099	35,000	35,000		
	c	MISCELLANEOUS	900099	8,868	8,868		
	d	All other revenue . . . . .					
	e	Total. Add lines 11a-11d . . . . .		471,268			
12	Total revenue. See Instructions . . . . .		2,262,443	1,246,118	-13,164	55,827	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	248,171	141,037	65,976	41,158
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	708,707	578,531	32,165	98,011
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	98,204	60,810	15,486	21,908
10	Payroll taxes . . . . .	89,773	69,427	8,415	11,931
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	51,140	51,140		
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	12,467		12,467	
g	Other . . . . .	48,835	13,843	14,491	20,501
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	38,630	25,436	5,464	7,730
14	Information technology . . . . .	5,310	81	2,165	3,064
15	Royalties . . . . .				
16	Occupancy . . . . .	227,266	195,449	31,817	
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	857,270	857,270		
23	Insurance . . . . .	75,241	64,707	10,534	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	PUBLIC RELATIONS	227,574	227,574		
b	SUPPLIES AND MAINTENANC	76,869	66,106	10,763	
c	PROGRAM ACTIVITIES	60,545	60,545		
d	DEVELOPMENT AND MEMBERS	19,048	15,286	1,558	2,204
e	FRIENDS OF THE MEMORIAL	7,643	6,581	643	419
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,852,693	2,433,823	211,944	206,926
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				137,820	1	426,722
	2	Savings and temporary cash investments . . . . .					2	
	3	Pledges and grants receivable, net . . . . .				1,161,555	3	1,034,616
	4	Accounts receivable, net . . . . .				25,480	4	2,196
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .					6	
	7	Notes and loans receivable, net . . . . .					7	
	8	Inventories for sale or use . . . . .				120,469	8	128,872
	9	Prepaid expenses and deferred charges . . . . .				44,481	9	35,913
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	22,402,902				
	b	Less: accumulated depreciation . . . . .	10b	7,886,820		15,399,302	10c	14,516,082
	11	Investments—publicly traded securities . . . . .				1,019,773	11	1,396,878
	12	Investments—other securities. See Part IV, line 11 . . . . .				213,213	12	
	13	Investments—program-related. See Part IV, line 11 . . . . .					13	
	14	Intangible assets . . . . .					14	
	15	Other assets. See Part IV, line 11 . . . . .					15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				18,122,093	16	17,541,279
Liabilities	17	Accounts payable and accrued expenses . . . . .				215,409	17	191,841
	18	Grants payable . . . . .					18	
	19	Deferred revenue . . . . .				11,115	19	7,973
	20	Tax-exempt bond liabilities . . . . .					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .					22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				4,724,451	23	4,619,451
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .				3,784	25	5,230
	26	Total liabilities. Add lines 17 through 25 . . . . .				4,954,759	26	4,824,495
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .				11,474,916	27	11,165,060
	28	Temporarily restricted net assets . . . . .				360,149	28	219,455
	29	Permanently restricted net assets . . . . .				1,332,269	29	1,332,269
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .					30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					32	
	33	Total net assets or fund balances . . . . .				13,167,334	33	12,716,784
	34	Total liabilities and net assets/fund balances . . . . .				18,122,093	34	17,541,279

**Part XI**    **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI    ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,262,443
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,852,693
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-590,250
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,167,334
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	139,700
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	12,716,784

**Part XII**    **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII    ☐

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization THE MARK TWAIN MEMORIAL	Employer identification number  06-0685118
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)


Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,966,775	1,138,771	1,917,168	1,251,310	973,562	10,247,586
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,966,775	1,138,771	1,917,168	1,251,310	973,562	10,247,586
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						322,110
6 Public Support. Subtract line 5 from line 4						9,925,476



Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,966,775	1,138,771	1,917,168	1,251,310	973,562	10,247,586
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,357	38,118	103,652	71,376	90,704	366,207
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )				62,173	471,268	533,441
11 Total support (Add lines 7 through 10)						11,147,234
12 Gross receipts from related activities, etc (See instructions )					12	6,889,341
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	89 040 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94 140 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		




Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME    FORGIVENESS OF DEBT MISCELLANEOUS INSURANCE RECOVERY



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> THE MARK TWAIN MEMORIAL	<b>Employer identification number</b>  06-0685118
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div>Yes</div> <div>No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div>Yes</div> <div>No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply)											
	<div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of open space</div></div>	<div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Preservation of a certified historic structure</div></div>										
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?											
	<div>Yes</div> <div>No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?											
	<div>Yes</div> <div>No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

d

☒

Loan or exchange programs

b

☒

Scholarly research

e

☐

Other

c

☒

Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	1,692,418	1,903,000	2,196,471		
b Contributions . . . . .	303,755	360,149			
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .			-293,471		
e Other expenditures for facilities and programs . . . . .	444,449	570,731			
f Administrative expenses . . . . .					
g End of year balance . . . . .	1,551,724	1,692,418	1,903,000		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 85 900 %

c

Term endowment ▶ 14 100 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

☐

No

(ii)

related organizations . . . . .

3a(ii)

☐

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

☐

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		165,000		165,000
b Buildings . . . . .		22,038,582	7,699,168	14,339,414
c Leasehold improvements . . . . .				
d Equipment . . . . .		199,320	187,652	11,668
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				14,516,082



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A)), line 12)	1	2,262,443
2	Total expenses (Form 990, Part IX, column (A)), line 25)	2	2,852,693
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-590,250
4	Net unrealized gains (losses) on investments	4	139,700
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	139,700
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-450,550

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	2,878,873
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	139,700
b	Donated services and use of facilities . . . . .	2b	38,438
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	450,759
e	Add lines 2a through 2d . . . . .	2e	628,897
3	Subtract line 2e from line 1 . . . . .	3	2,249,976
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	12,467
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	12,467
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	2,262,443

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	3,329,423
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	38,438
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	450,759
e	Add lines 2a through 2d . . . . .	2e	489,197
3	Subtract line 2e from line 1 . . . . .	3	2,840,226
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	12,467
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	12,467
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	2,852,693

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 1A	HISTORICAL COLLECTIONS, WHICH WERE ACQUIRED BY THE MEMORIAL BY BEQUESTS AND THROUGH PURCHASES SINCE INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CATEGORY THE MEMORIAL'S COLLECTIONS CONSIST OF PROPERTY, COLLECTIONS AND BOOKS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES EACH OF THE ITEMS ARE CATALOGUED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY
	PART III, LINE 4	THE COLLECTIONS FURTHER THE ORGANIZATION'S EXEMPT PURPOSE (AS DESCRIBED IN PART III, LINE 1) BY ENABLING THE RESIDENCE OF SAMUEL CLEMENS/MARK TWAIN TO BE MAINTAINED, PROTECTED AND RESTORED AS A HISTORIC HOUSE AND MUSEUM THE COLLECTIONS SERVE AS TANGIBLE WITNESS TO THE LIFE, LEGACY AND TASTE OF SAMUEL CLEMENS, HIS FAMILY, AND HIS CONTEMPORARIES THE COLLECTIONS COVERED BY THIS POLICY INCLUDE 1 SAMUEL CLEMENS/MARK TWAIN'S HARTFORD HOUSE, CARRIAGE HOUSE AND THE HISTORIC LANDSCAPE 2 ARCHIVAL COLLECTION, DEFINED AS DOCUMENTS IN ALL MEDIA THAT WERE MADE, RECEIVED OR ACCUMULATED BY THE CLEMENS FAMILY, THEIR FRIENDS AND ASSOCIATES, AND THE MARK TWAIN MEMORIAL AS AN INSTITUTION, INCLUDING BOOKS ORIGINALLY IN THE POSSESSION OF, AND/OR ANNOTATED BY, SAMUEL CLEMENS/MARK TWAIN, HIS FAMILY, FRIENDS AND ASSOCIATES, ORIGINAL MANUSCRIPT AND ARCHIVAL RECORDS, INCLUDING LETTERS AND PHOTOGRAPHS, THAT WERE WRITTEN BY, OWNED BY OR ANNOTATED BY SAMUEL CLEMENS/MARK TWAIN, MEMBERS OF HIS FAMILY, FRIENDS OR ASSOCIATES, ESPECIALLY IF THEY RELATE TO HIS RESIDENCE IN HARTFORD, IMAGES (INCLUDING ORIGINAL PHOTOGRAPHS, NEGATIVES AND FILMS) OF SAMUEL CLEMENS/MARK TWAIN, HIS FAMILY, FRIENDS AND ASSOCIATES AND HIS VARIOUS HOMES, ESPECIALLY THE HOUSE IN HARTFORD, DOCUMENTATION BEARING ON THE CONSTRUCTION, LANDSCAPING, FURNISHINGS, AND DECORATION OF THE MARK TWAIN HOUSE IN HARTFORD, OTHER MANUSCRIPT MATERIALS AND ARCHIVAL RECORDS THAT RELATE IN SUBJECT MATTER TO SAMUEL CLEMENS/MARK TWAIN, HIS FAMILY, FRIENDS AND ASSOCIATES OR THE MARK TWAIN HOUSE, MARK TWAIN MEMORIAL INSTITUTIONAL RECORDS, ESPECIALLY THOSE RELATED TO THE RESTORATION OF THE MARK TWAIN HOUSE, AND INTERPRETATIONS OF SAMUEL CLEMENS/MARK TWAIN'S IMAGE, WORK AND CHARACTERS IN ARCHIVAL DOCUMENTS AND POPULAR CULTURE MATERIAL 3 SPECIAL COLLECTIONS, DEFINED AS LIBRARY MATERIALS THAT ARE OF GREAT SIGNIFICANCE OR VALUE, INCLUDING WORKS BY SAMUEL CLEMENS/MARK TWAIN, ESPECIALLY EDITIONS OF HIS WRITINGS PUBLISHED DURING HIS LIFETIME, WORKS BY FAMILY, FRIENDS AND ASSOCIATES OF SAMUEL CLEMENS/MARK TWAIN, BIOGRAPHICAL AND CRITICAL WORKS ON SAMUEL CLEMENS/MARK TWAIN, HIS WRITING, FAMILY, FRIENDS AND ASSOCIATES, RARE AND DIFFICULT TO REPLACE BOOKS AND DOCUMENTS RELATING TO THE ARCHITECTURE, INTERIOR DECORATION AND DOMESTIC LIFE OF THE PERIOD, AND INTERPRETATIONS OF SAMUEL CLEMENS/MARK TWAIN'S IMAGE, WORK AND CHARACTERS 4 COLLECTION OBJECTS INCLUDING DECORATIVE AND FINE ARTS AND DOMESTIC ARTIFACTS KNOWN TO HAVE BEEN IN THE POSSESSION OF SAMUEL CLEMENS/MARK TWAIN, DECORATIVE AND FINE ARTS AND DOMESTIC ARTIFACTS KNOWN TO HAVE BEEN IN THE POSSESSION OF CLEMENS' FAMILY AND FRIENDS AND ASSOCIATED WITH SAMUEL CLEMENS/MARK TWAIN OR HIS RESIDENCE, IN THE ABSENCE OF OBJECTS WITH A CLEMENS PROVENANCE, DECORATIVE AND FINE ARTS AND DOMESTIC ARTIFACTS OF THE PERIOD NECESSARY TO THE FURNISHING AND DECORATION OF THE RESIDENCE ACCORDING TO OUR FURNISHING PLAN, MATERIALS CREATED FOR THE RESTORATION OF THE HARTFORD HOUSE, CARRIAGE HOUSE, AND GROUNDS, MATERIAL ILLUSTRATING THE WORK AND STYLE OF THE ARCHITECTS AND DECORATORS OF THE CLEMENS FAMILY HARTFORD HOUSE, AND INTERPRETATIONS OF SAMUEL CLEMENS/MARK TWAIN'S IMAGE, WORK AND CHARACTERS IN DECORATIVE AND FINE ARTS AND POPULAR CULTURE MATERIAL
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AS OF JANUARY 31, 2011, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUE (\$50,152) RENTAL EXPENSES NETTED WITH RENTAL REVENUE (\$96,029) COST OF SALES EXPENSES NETTED WITH SALES REVENUE (\$304,578)
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUE (\$50,152) RENTAL EXPENSES NETTED WITH RENTAL REVENUE (\$96,029) COST OF SALES EXPENSES NETTED WITH SALES REVENUE (\$304,578)
		PART V, LINES 1A - 1G THE ENDOWMENT FUNDS LISTED INCLUDE BOTH PERMANENTLY RESTRICTED DONOR ENDOWMENTS AND DONATIONS THAT HAVE BEEN TEMPORARILY RESTRICTED FOR A PARTICULAR PURPOSE AT THE DONOR'S REQUEST THE EXPENDITURES FOR FACILITIES AND PROGRAMS LISTED ON LINE 1 E ARE EXPENDITURES OF TEMPORARILY RESTRICTED DONATIONS IN ACCORDANCE WITH THE DONOR'S REQUESTS

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
THE MARK TWAIN MEMORIAL

Employer identification number  
06-0685118

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA</u> (event type)	 (event type)	 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	144,895		144,895
	2	Less Charitable contributions . . . .	76,750		76,750
	3	Gross income (line 1 minus line 2) . . . .	68,145		68,145
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	28,000		28,000
	7	Food and beverages . . . .			
	8	Entertainment . . . .	2,500		2,500
	9	Other direct expenses . . . .	19,652		19,652
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			
					50,152
					17,993

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .			
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
THE MARK TWAIN MEMORIAL

**Employer identification number**

06-0685118

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 5		IN JUNE 2010, THE MEMORIAL IDENTIFIED AN INCIDENT OF EMPLOYEE MISCONDUCT RESULTING IN FINANCIAL LOSSES OF \$72,600 AND \$250,820 FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010, RESPECTIVELY, RESULTING IN THE TERMINATION OF THIS EMPLOYEE THE TOTAL AMOUNT OF LOSS OVER THE YEARS OF THIS MISCONDUCT HAS NOT BEEN FULLY QUANTIFIED, HOWEVER, MANAGEMENT HAS IDENTIFIED AN AMOUNT TO DATE IN EXCESS OF THE MEMORIAL'S EMPLOYEE BOND INSURANCE COVERAGE THE MEMORIAL SUBMITTED AN APPROPRIATE PROOF OF LOSS CLAIM TO ITS CARRIER IN SEPTEMBER 2010 FOR THE POLICY LIMIT OF \$500,000, AND ON OCTOBER 4, 2010, THE CARRIER TENDERED PAYMENT FOR THE POLICY LIMIT TO THE MEMORIAL MANAGEMENT CONTINUES TO REVIEW THE TOTAL EXTENT OF LOSSES ARISING FROM THIS EMPLOYEE MISCONDUCT AND IS CONSIDERING ANY AND ALL FURTHER LEGAL OPTIONS FOR RECOVERY OF AMOUNTS IN EXCESS OF THE INSURANCE RECOVERY MANAGEMENT ALSO HAS INSTITUTED ADDITIONAL FINANCIAL CONTROLS TO MITIGATE THE POTENTIAL FOR ANY SUCH LOSSES IN THE FUTURE AND HAS EXTENDED ITS BOND COVERAGE TO \$1 MILLION FOR THOSE POSITIONS THAT HANDLE THE MEMORIAL'S FINANCES THESE LOSSES HAVE NO MATERIAL EFFECT ON CURRENT OPERATIONS



Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF FORM 990 IS PRESENTED TO THE FULL BOARD OF TRUSTEES FOR RATIFICATION PRIOR TO FILING TRUSTEES NOT PRESENT AT THE MEETING ARE SENT A COPY THE FORM 990 IS REVIEWED IN DETAIL BY THE EXECUTIVE DIRECTOR, GRANTS MANAGER, AND THE FINANCE COMMITTEE, WHICH INCLUDES THE PRESIDENT OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY BY REQUIRING ALL TRUSTEES TO ANNUALLY FILE DISCLOSURE STATEMENTS WITH THE PRESIDENT OF THE BOARD OF TRUSTEES OR WHENEVER SIGNIFICANT CHANGES OCCUR TRUSTEES ARE NOT ALLOWED TO VOTE ON OR APPROVE TRANSACTIONS BETWEEN THE MUSEUM AND THEMSELVES OR FAMILY MEMBERS AND ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT PRIOR TO VOTING ON OTHER ACTIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE COMMITTEE AFTER A FORMAL REVIEW PROCESS BY THE BOARD PRESIDENT KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR FOLLOWING A REVIEW THE BOARD OF TRUSTEES APPROVES ALL COMPENSATION THROUGH RATIFICATION OF THE ANNUAL BUDGET

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL WRITTEN REQUESTS FOR FORM 990 ARE HONORED BY MAIL THE SAME IS TRUE FOR CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 139,700

Additional Data

Software ID:

Software Version:

EIN: 06-0685118

Name: THE MARK TWAIN MEMORIAL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD AHLES SECRETARY	1 00	X		X				0	0	0
LOUISE BAILEY TRUSTEE	1 00	X						0	0	0
GREGORY BOYKO PRESIDENT	1 00	X		X				0	0	0
GREGORY BUTLER VICE PRESIDENT	1 00	X		X				0	0	0
DEDE DEROSA TRUSTEE	1 00	X						0	0	0
NELL DEVANE TRUSTEE	1 00	X						0	0	0
ANNE ELVGREN TRUSTEE	1 00	X						0	0	0
BRIAN FLAHERTY TRUSTEE	1 00	X						0	0	0
MARTY FLANDERS TRUSTEE	1 00	X						0	0	0
MICHAEL GRUNBERG TRUSTEE	1 00	X						0	0	0
J DAVID HADDOX TRUSTEE	1 00	X						0	0	0
AN-PING HSIEH TRUSTEE	1 00	X						0	0	0
GEORGE JAMISON TRUSTEE	1 00	X						0	0	0
GRANT JONES TRUSTEE	1 00	X						0	0	0
ALAN KRECZKO TRUSTEE	1 00	X						0	0	0
BETTY-JOAN LACHAPELLE TRUSTEE	1 00	X						0	0	0
FRANK LORD TRUSTEE	1 00	X						0	0	0
SHAUN MATHEWS VICE PRESIDENT	1 00	X		X				0	0	0
DUBY MCDOWELL TRUSTEE	1 00	X						0	0	0
KATHERINE METCALF TRUSTEE	1 00	X						0	0	0
DANA NEVES TRUSTEE	1 00	X						0	0	0
GEORGE SCURLOCK TRUSTEE	1 00	X						0	0	0
PEDRO SEGARRA TRUSTEE	1 00	X						0	0	0
GREGORY SERVODIDIO TREASURER	1 00	X		X				0	0	0
KATHRYN SHERER TRUSTEE	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NOREEN SHUGRUE TRUSTEE	1 00	X						0	0	0
JANEL SIMPSON TRUSTEE	1 00	X						0	0	0
ANDREW SULLIVAN TRUSTEE	1 00	X						0	0	0
KAREN WHEAT TRUSTEE	1 00	X						0	0	0
JEFFREY L NICHOLS EXECUTIVE DIRECTOR	40 00			X				115,000	0	17,731
CINDY L LANDRY FINANCE DIRECTOR	40 00			X				40,547	0	8,700
DONNA GREGOR FINANCE DIRECTOR THRU 6/10	40 00			X				92,624	0	9,466